

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Bob Bishop for Congress NY-19

ADDRESS (number and street) ▼

PO Box 215



Check if different than previously reported. (ACC)

Walton

NY

13856

2. FEC IDENTIFICATION NUMBER ▼

C

C00591750

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

NY

19

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

in the State of

C

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

in the State of

C

5. Covering Period

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

09

Y Y Y Y

2016

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

Y Y Y Y

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Rob Phillips

Signature of Treasurer Rob Phillips

[Electronically Filed]

Date

M M / D D / Y Y Y Y

07

D D / Y Y Y Y

11

Y Y Y Y

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Bob Bishop for Congress NY-19

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	36190.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	35690.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	500.00	32661.84
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	500.00	32661.84
8. Cash on Hand at Close of Reporting Period (from Line 27)	3028.16	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	54130.39	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 11

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Bob Bishop for Congress NY-19

Report Covering the Period:

From:

M M / D D / Y Y Y Y
06 / 09 / 2016

To:

M M / D D / Y Y Y Y
06 / 30 / 2016

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

0.00

30250.00

(ii) Unitemized.....

0.00

5940.00

(iii) TOTAL of contributions from individuals ▶

0.00

36190.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0.00

36190.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

50.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

50.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

0.00

36240.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	500.00	32661.84
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	50.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	50.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	500.00	33211.84

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3528.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	3528.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	500.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3028.16

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 11

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Bob Bishop for Congress NY-19

Full Name (Last, First, Middle Initial)

A. Dan Giles

Mailing Address 57 Merrimack Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2016

City	State	Zip Code
Buffalo	NY	14124

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Independent Contractor Outreach ServicesCategory/
Type☐ Memo Item

Transaction ID : SB17.4369

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type☐ Memo Item

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type☐ Memo Item

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

500.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 6 OF 11

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Bob Bishop for Congress NY-19

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Axiom Strategies, LLC

Nature of Debt (Purpose):

Consulting Services

Mailing Address 1251 NW Briarcliff Parkway
Suite 85City State Zip Code
Kansas City MO 64116

Outstanding Balance Beginning This Period

5200.00

Transaction ID : SD10.4122

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Axiom Strategies, LLC

Nature of Debt (Purpose):

General Consulting

Mailing Address 1251 NW Briarcliff Parkway
Suite 85City State Zip Code
Kansas City MO 64116

Outstanding Balance Beginning This Period

7700.00

Transaction ID : SD10.4222

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7700.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Axiom Strategies, LLC

Nature of Debt (Purpose):

Travel Expenses

Mailing Address 1251 NW Briarcliff Parkway
Suite 85City State Zip Code
Kansas City MO 64116

Outstanding Balance Beginning This Period

94.32

Transaction ID : SD10.4223

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

94.32

1) **SUBTOTALS** This Period This Page (optional) ▶

12994.32

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Bob Bishop for Congress NY-19

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Axiom Strategies, LLCNature of Debt (Purpose):
Digital ServicesMailing Address 1251 NW Briarcliff Parkway
Suite 85City State Zip Code
Kansas City MO 64116

Outstanding Balance Beginning This Period

142.50

Transaction ID : SD10.4368

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

142.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Axiom Strategies, LLCNature of Debt (Purpose):
General ConsultingMailing Address 1251 NW Briarcliff Parkway
Suite 85City State Zip Code
Kansas City MO 64116

Outstanding Balance Beginning This Period

7700.00

Transaction ID : SD10.4351

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7700.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Axiom Strategies, LLCNature of Debt (Purpose):
Consulting FeesMailing Address 1251 NW Briarcliff Parkway
Suite 85City State Zip Code
Kansas City MO 64116

Outstanding Balance Beginning This Period

7700.00

Transaction ID : SD10.4224

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7700.00

1) **SUBTOTALS** This Period This Page (optional) ▶

15542.50

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Bob Bishop for Congress NY-19

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Axiom Strategies, LLC

Nature of Debt (Purpose):

General Consulting

Mailing Address 1251 NW Briarcliff Parkway
Suite 85City State Zip Code
Kansas City MO 64116

Outstanding Balance Beginning This Period

7702.73

Transaction ID : SD10.4362

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7702.73

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Axiom Strategies, LLC

Nature of Debt (Purpose):

General Consulting

Mailing Address 1251 NW Briarcliff Parkway
Suite 85City State Zip Code
Kansas City MO 64116

Outstanding Balance Beginning This Period

7975.15

Transaction ID : SD10.4359

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7975.15

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Axiom Strategies, LLC

Nature of Debt (Purpose):

Digital Services

Mailing Address 1251 NW Briarcliff Parkway
Suite 85City State Zip Code
Kansas City MO 64116

Outstanding Balance Beginning This Period

102.38

Transaction ID : SD10.4354

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

102.38

1) **SUBTOTALS** This Period This Page (optional) ▶

15780.26

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Bob Bishop for Congress NY-19

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

J. Cameron Foster

Nature of Debt (Purpose):

Consulting Services

Mailing Address 34174 New York Highway 10

City State

Zip Code

Hamden

NY

13782

Outstanding Balance Beginning This Period

4000.00

Transaction ID : SD10.4356

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Henry Alan, LLC

Nature of Debt (Purpose):

Accounting and Compliance

Mailing Address 5822 Crighton Drive

City State

Zip Code

Dublin

OH

43016

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4226

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Henry Alan, LLC

Nature of Debt (Purpose):

Accounting and Compliance

Mailing Address 5822 Crighton Drive

City State

Zip Code

Dublin

OH

43016

Outstanding Balance Beginning This Period

1500.00

Transaction ID : SD10.4361

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

1) **SUBTOTALS** This Period This Page (optional) ▶

5750.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 10 OF 11

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Bob Bishop for Congress NY-19

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Henry Alan, LLC

Nature of Debt (Purpose):

Accounting and Compliance

Mailing Address 5822 Crighton Drive

City State

Zip Code

Dublin

OH

43016

Outstanding Balance Beginning This Period

1500.00

Transaction ID : SD10.4358

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Henry Alan, LLC

Nature of Debt (Purpose):

Accounting and Compliance

Mailing Address 5822 Crighton Drive

City State

Zip Code

Dublin

OH

43016

Outstanding Balance Beginning This Period

1500.00

Transaction ID : SD10.4353

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mostert, Manzanero and Scott, LLP

Nature of Debt (Purpose):

Financial Disclosure Accounting

Mailing Address 4 Associate Drive

City

State

Zip Code

Oneonta

NY

13820

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4227

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

1) **SUBTOTALS** This Period This Page (optional) ▶

3500.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 11 OF 11

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Bob Bishop for Congress NY-19

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Tuesday Associates

Nature of Debt (Purpose):

Fundraising Expenses

Mailing Address 60 New Drift Way
Ste 18

City State

Zip Code

Scituate

MA

02066

Outstanding Balance Beginning This Period

153.81

Transaction ID : SD10.4360

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

153.81

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Tuesday Associates

Nature of Debt (Purpose):

Fundraising Expenses

Mailing Address 60 New Drift Way
Ste 18

City State

Zip Code

Scituate

MA

02066

Outstanding Balance Beginning This Period

409.50

Transaction ID : SD10.4357

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

409.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

563.31

2) **TOTALS** This Period (last page this line number only) ▶

54130.39

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

54130.39